

1821-1822

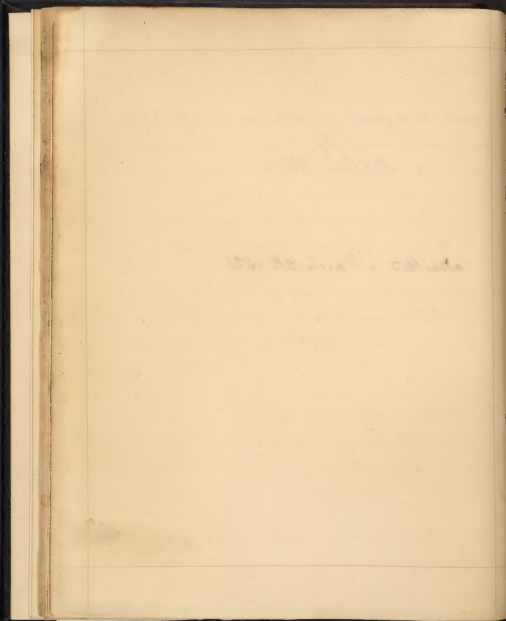
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An inaugural dissertation on dysentery

by
Stephen White

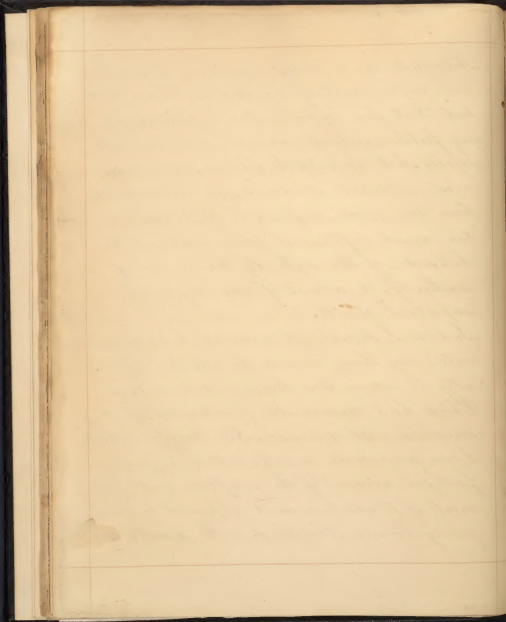
16 Sanson St.
Mrs Johnson }

admitted March 12th 1821



Actuated by a lively interest in the success
and improvement of our science, I have omit-
ted but few opportunities of contributing
my feeble exertions towards such desirable
objects: but unhappily for me, as well as
most medical students, my exertions have
been too much confined to the closet, and
too much influenced when made at the
bedside of the sick by the tenour of
authority, to admit of any very novel or
important result.

Indeed I should not calculate to communi-
cate any thing new to the illustrious fac-
ulty to whom this thesis is dedicated, if
I had had considerable opportunities of ob-
servation and experience. All, therefore, which
I can propose to myself, will be to give a
faithful account of the symptoms and treat-
ment of Dysentery, as it appeared in Mont-
gomery county Maryland in the months of



July and August of the year 1826.

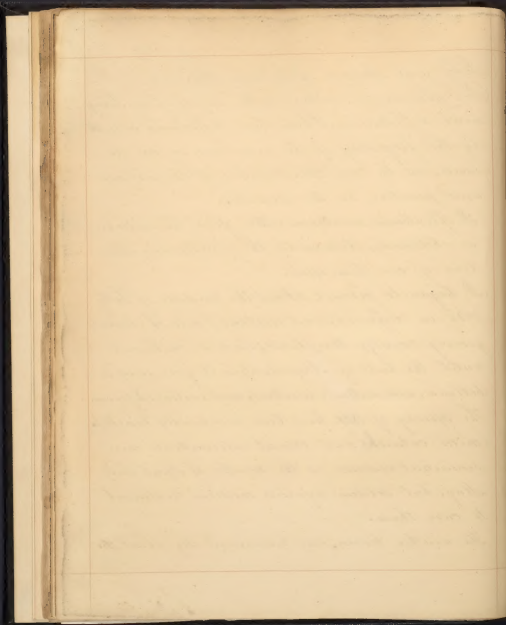
In assuming Dysentery as the subject of my inaugural dissertation, I have been influenced as well by the frequency of its occurrence in our climate, as by my opportunities of observation and practice in the disease.

It oftentimes moreover, either from its violence or obstinacy, demands the particular attention of our profession.

It began to prevail about the middle of July 1826 in different, and distant parts of Montgomery county, Maryland; and so continued until the last of August, when it gave way to bilious, intermittent, remittent, and continued fevers.

The Spring of 1826 had been unusually healthy. Mild catarrhs and vernal intermittents were somewhat common in the months of April and May; but seldom required medical treatment to cure them.

The weather became very warm, and day about the



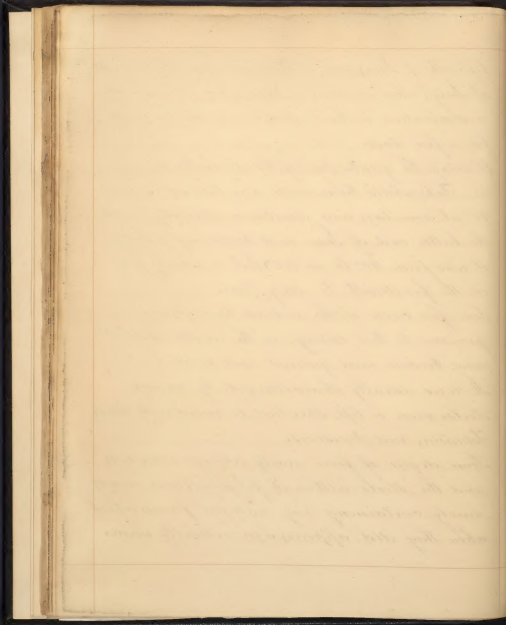
fifteenth of June, and so remained until the fourteenth of July, when we had a heavy fall of rain with a diminution in the temperature of the atmosphere for a few days.

During the greater part of this time, the mercury in Fahrenheit's Thermometer was between 85° and 90° at noonday; and sometimes, especially about the latter end of June and beginning of July, it was from 90° to an 100° ; but suddenly fell on the fourteenth to sixty four.

Some few cases of the disease had occurred previous to this change in the weather, but it now became more general and violent.

It was usually characterized by mucous stools, more or less streaked or mixed with bloody terminæ, and tenesmus.

Some degree of fever nearly always attended, and the stools although frequent, were small, rarely containing any natural faeces, which when they did appear, were usually under



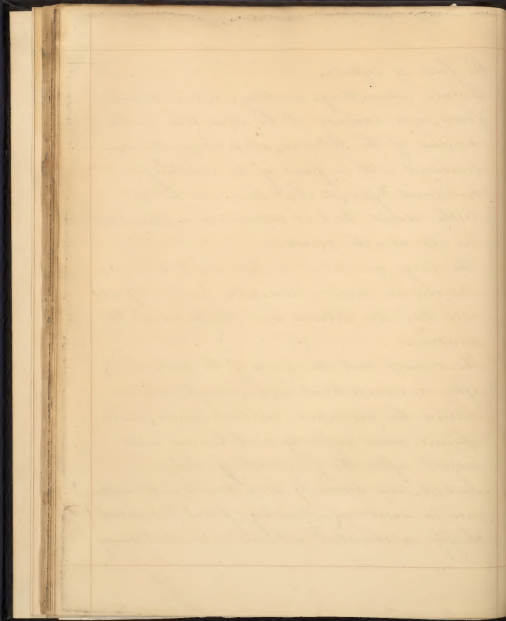
the form of scybala.

Delious intermitting, remitting, and continued fevers, were common at the same time on the borders of the Potomac, while Dysentery was combined with a fever, of the remitting or continued type; so that there can be but little doubt that it depended on Miasma as its remote cause.

The large quantities of bile which were discharged in many cases, also render it probable that the disease was chiefly owing to miasma.

The coolness and dampness of the atmosphere, after continued heat and drought were considered the principal exciting causes, as it spread more rapidly and became more violent after the fourteenth of July.

Indeed, cold seems to have considerable influence in exciting Dysentery; for it prevailed chiefly in elevated situations in Montgomery



country where the air was more pure and cool.
Typhoid more rarely occurs in town than in the
country and when it does it is mostly in the
suburbs the air there also being more cool and free.
Sleeping in the night air and about or stimu-
lant ingesta appeared to have been the exci-
ting causes of some cases.

The attack of Typhoid was sometimes pre-
ceded by anæmia, constipation, flatulency,
sickness at the stomach, and slight vomiting;
and came on with chillis succeeded by heat
in the skin.

These symptoms were generally the forerunners
of the typhina, and increased proportionally to
it; but it sometimes happened that the le-
ast affection was perceived first.

In the more violent forms, the disease came
on with symptoms of Cholera.

The stools varied in the progress of the disease,
both in colour and consistence, being some-



times composed of frothy mucus, streaked with blood, and at others, of a watery humour resembling *ictura carnis*, and of a very fetid smell.

Sometimes pure blood was voided; now and then lumps of coagulated mucus resembling bits of soap or cheese; and in two cases, which had been neglected in the commencement, a quantity of purulent matter.

While the stools came in this way, we seldom saw any natural faeces among them; but when they did appear they were in small hardened lumps, which, when discharged by any means were sure to afford considerable relief from *Termina* and *Tenesmus*.

Prolapsus ani was produced in some cases by the violent and unceasing efforts of the patients to discharge the contents of the ~~rec-~~ rectum.

Tenesmus was the most painful and distressing



symptom, in many cases there being an almost
incessant inclination to go to stool without the
ability to discharge any thing, except a little
irritated mucus, or a small quantity of blood.
There was also fever generally attended the symptoms
we have described, throughout the whole course
of the disease, when it was inclined to termin-
ate fatally, and was either of the remittent or
continued type, accompanied by the synocha or syn-
ocha sticta of pulse.

Sometimes the fever disappeared while the dysentery
symptoms continued still longer.

Thus characterized, the disease continued an indef-
inite period, according to the individual severity
of the peculiar dysentery symptoms, or the degree
of pyrexia which attended.

Amongst the disease more obstinate and fatal in
children and the aged, than in youth and the
middle aged.

I witnessed two cases which terminated fatally.



in a few days. They commenced with severe tremors
and cramps, intolerable nausea, or as the patients
expressed it "sickness at the heart" vomiting of bil-
ious matter, intense heat and thirst, frequent pulse
succeeded quickly by prostration of strength, stupor
and hiccup, which proved the harbingers of death.
In a few instances where the symptoms were more
moderate, the disease was protracted to a consider-
able length of time, inducing great emaciation
and terminating at length by a gentle and
diffused erysipheles, abatement of fever thirst and
stupor, and a gradual change in the colour and
consistence of the stools.

Insupportable tremors, intense heat, and thirst, fre-
quent but soft and compressed pulse, great
prostration of strength, nausea, vomiting of the ab-
solute, effusion at the pericardium, cold and in-
creasing discharges, cold clammy sweats, stur-
pity and hiccup, mark the progress of imminent death.
But when a gentle and diffused erysipheles



both out, when the pyrexia was mild, and the stools
became more natural along with an abatement
of tension and tenderness, I ventured to pronounce
a curable pyrexia.

My view of the pathology of the disease was soon
embarrassed or corrected by dissections, on account of
the prejudices of the country people.

I considered it a febrile disease with topical in-
flammation of the lower intestines, as in other
words bilious fever expending its violence on
the bowels; and referred the spasm and pain of
the colon to inflammation of that intestine.

The retention of the feces and gurgling were attributed
to a spasm of the colon impeding its peristaltic
motion, and the want of due or healthy action on
the surface to the febrile condition.

The indications of cure which I attempted to follow
in the treatment were, first, to remove inflamma-
tion with the spasm and morbid excitability
attending it, to procure a free discharge of



natural stools, and to restore the healthy action to the system.

The action of purgatives generally followed the judgment of the primary indications.

When I was called to visit a patient on the acute stage of dysentery, the inflammatory symptoms were very high, and the patient of a full habit and strong, and even independent of the latter condition, I generally debilitated, from sixteen to twenty ounces of blood, and repeated the operation four and five times in some cases.

I witnessed several cases which I am almost sure put on alarming symptoms from the neglect of this remedy. The great emaciation, prostration and discharges of mucus for some, which appeared, were owing to the high excitement and inflammation which preceded, and that should have been reduced by bleeding.

Bleedings, under these circumstances, relaxes the spasm of the colon, as well as that of the



dry and hot skin, various inflammations were
effectually than any other remedy, and thereby
increased susceptibility to our other remedial im-
pressions. In the next place, I administered an
active emetic, composed of from three to five
grains of tartarized antimony, to from fifteen
to twenty five of ipecacuanha.

The emetic was particularly demanded by the
bilious diarrhoea which was so constantly blend-
ed with the disease.

It stimulated life or other offending matter
from the stomach, pumped so to speak the he-
patic system, and considerably acted in re-
solving the spasm of the colon and surface.
I next endeavoured to procure a discharge of
natural stools by purges of calomel alone,
or combined with rhubarb, aided if tardy
in operating, by large doses of castor oil,
or sulphate of magnesia.
If the cathartic ^{was} given in a few hours after



The operation of the *peutic*, is always *efforated*,
more *speedily* and *effectually*.

I generally gave calomel in doses of from twelve
to twenty grains, combined sometimes with twenty
five or thirty grains of rhubarb.

A considerable abatement of griping and propensity
to go to stool generally succeeded the operation
of the calomel; but its effects were not merely con-
fined to the evacuation of the alimentary canal:
it acted much more by enveloping the engorged
and inflamed vessels, it lessened inflammation,
removed congestion in the liver, restored a healthy
secretion to it, and reduced febrile excitement.

On some occasions, I found it exceedingly difficult
to induce copious purging by calomel, especially
where there were symptoms of colic. Here I had
recourse to repeated doses of cretaceous, fermentations
to the abdomen, of hot distilled liniment, or warm
oils, and injections of a solution of tartarized
antimony with success. It was generally nec-



were given three or four times with caution,
before we could safely supersede it with laxatives
or saline purgatives.

After inflammation and febrile excitement were
nearly overcome by the preceding measures, the
bowels were kept in a soluble condition by neutral
salts and castor oil. *Spicacuantha* in doses of
two or three grains, in the form of bolus, also
contributed to the same effect.

It determined to the surface, & operated gently
on the bowels, and suspended the griping and
straining, like a charm in some cases.

This last remedy along with a diet of the farina
œæ, and a drink of an infusion of the bark
of the *Ulmus vitæ*, succeeded in completing the
cure of many; but where the disease persisted
more obstinately after the prominent symptoms
were mitigated, it became necessary to continue
opiates with the *spicacuantha*. In the formula
recommended by Prof. Chapman it was gener-



ally found to answer best. It is a combination
of opium, calomel, and spearmint as follows
one of the pills was given every 4th hour, for six
or three hours according to Hyd. Subm. p. 25
circumstances.

Puls. Specac. gr. viii

They composed intestinal cramps, Red. 2^d 4th pil. 25
tion, oppressed moderately on the bowels, and
relaxed the surface. The patient oftentimes expe-
rienced great ease, after taking them six or
eight hours, and fell into a comfortable and
refreshing sleep.

When in this stage of the disease, there was
any tension and tenderness of the abdomen,
embrocations, or a bag of hot mud were em-
ployed with much advantage.

When they failed however to under the ab-
domen soft and relieve the tenderness, a large
 blister was applied which generally dispelled
the inflammation. The vapour bath was used
with much advantage under these circumstances.



In cases of protracted duration, where there were great emaciation and debility, a sallow countenance, cold skin, and torina and lividness extending, I applied the flannel roller as recommended by Dr. Chapman. The patients, on whom it was applied, were much pleased with the idea, but much more so with the relief it afforded them. The flannel roller afforded mechanical support to the bowels, induced a determination to the surface, sustained the natural temperature, and gradually suspended the most painful symptoms. It was employed as a preventive of atrophy.

There were some local symptoms, arising from the treatment they occasioned, which required particular attention as, Torment and Tenderness.

They existed in a greater or less degree throughout every stage of the disease, but particularly in the last, when the inflammation had descended to the rectum. The arising was sometimes



relieved by the following preparation. Rct. acin. ʒi
fine table spoonful was given every Gum. arab. ʒii
one or two hours. Tuck. alb. ʒi

A combination of half a grain of *Trich. sp.*, ^{ext.}
ipsum, with one or two of *ipicac.*, *Strya. nuth.* ^{grm}
 sometimes also procured considerable uterine
 the gripping. When we had reasons to suppose
 that *termina* and *linosmus* depended on an ulcer,
 or erosion of the inner coat of the rectum, we intro-
 duced a bit of soft *opium*, or a bit of *raw cotton*,
 well, with *linosmus*.

But above every remedy I have tried for the way
of treatment, I esteem ^a short part of fresh method
better repeated every two or three hours.

In default of the Cutter, we employed the same quantity of recently prepared heps tart.

Along with the above remedies, liberal quantities of aromatic drinks were prescribed to allow, in some degree, the irritability, and afford something to be discharged.



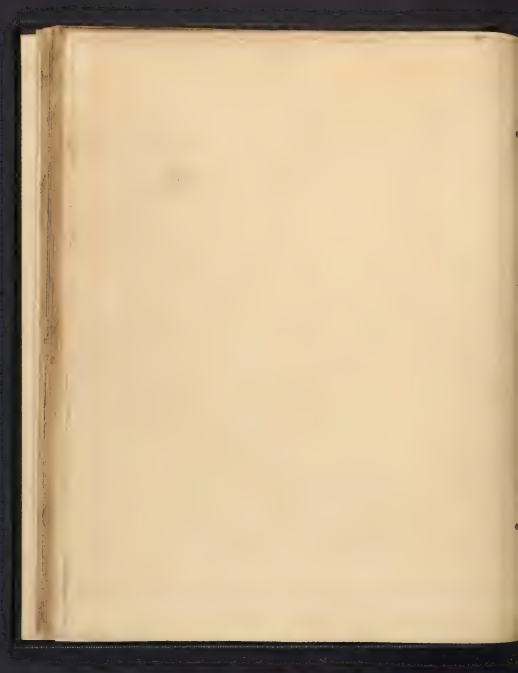
Barley or rice water, mucilage of linseed &c were generally directed, but what I preferred to all other drinks, is the infusion of the bark of the *Ulmus* *intra*, taken in considerable quantities.

The *Ulmus* *intra* grows abundantly in the neighborhood where I reside, and I collected to have seen it employed with much utility by the common people in some cases of *typhus* and *ophthalmias*.

These considerations, in conjunction with the notice which *Dr. Chapman* gives the article in his *Therapeutics*, determined me to give it a fair trial in dysentery, and really I can state with confidence, that all of my patients who drank it freely, suffered less griping and hemorrhage, and recovered more speedily and completely, than those who did not take it.

When they first began to drink it they complained of an unpleasant flavor after taking it, but soon preferred it to all other drinks.

The diet was chiefly constituted of loaf sugar

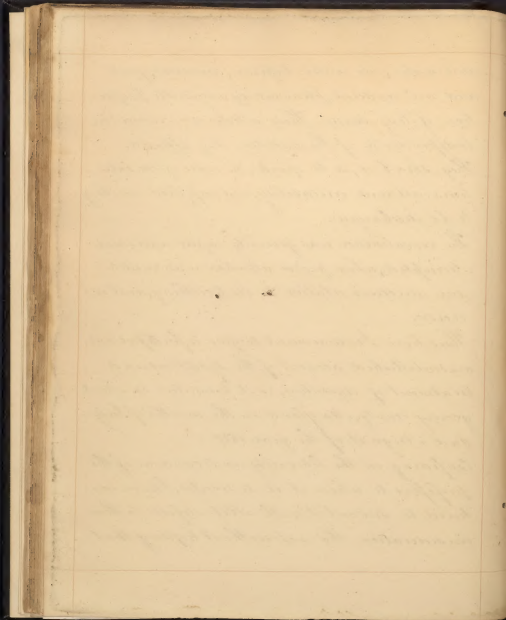


and water, rice water, tapioca, arrowroot, gmel
and rice rendered pleasant by a suitable propor-
tion of loaf sugar. These articles were serviceable
independently of the nutrition they afforded.
They checked, so to speak, the coats of the intes-
tines, allayed irritability, and supplied something
to be discharged.

The convalescence was generally rapid and unin-
terrupted, when proper attention was paid to
our directions relative to diet, clothing, and ex-
ercise.

Thus have I endeavoured to give a faithful and
unembellished account of the symptoms and
treatment of dysentery, as it prevailed in Mont-
gomery county, Maryland in the months of July
and August of the year 1820.

Confiding in the liberality and candour of the
professors to whom it is dedicated, I have ven-
tured to submit it with all its defects to their
consideration tho' not without hoping that



19
it might forge any society of criticism while retreating from the scrutinizing eye of justice at length find an asyleum in the liberality of enlightened minds.

In concluding my Thesis, however, I should do an act of injustice to my feelings, were I to neglect this opportunity of returning my sincere and grateful thanks to the Professors for their zeal and exertions to promote my acquirements and usefulness in Medicine.

The first of these is the
 fact that the population of
 the world is increasing at a
 rapid rate. This is due to
 a number of factors, including
 the fact that the birth rate
 is higher than the death rate
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